VERIFICATION OF CALIBRATION REPORT
of DataMaster cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program
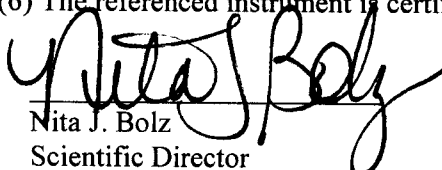
DataMaster cdm S/N ___130129___ ✓

A

Supervisor/Operator Performing the Verification Procedure:

Name ___J Swartz___ ID# ___4314___ Date ___2/28/09___ ✓

Agency ___SCDL___ Phone # ___269-5592___

Instrument Location ___SCDL___ ✓

B

Alco S/N ___SCOTT08___ ✓ Target Value ___.080___ High Pressure ___900 psi___

Alco Test Values ___.076___ ✓ ___.080___ ✓

1st Alco   2nd Alco
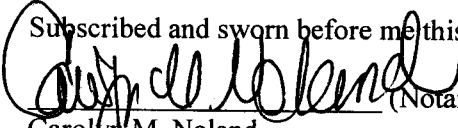
Signature ___(signature)___

(OVER)

BMB
9/9/09

(Do Not write in the area below)
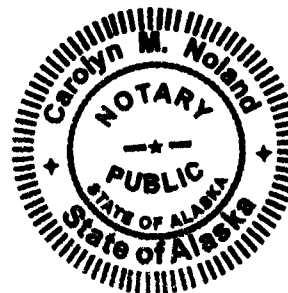
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

(signature)

Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this ___17th___ day of ___Sept___, 2009.

(signature) (Notary Seal Stamp)

Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office

VERIFICATION OF CALIBRATION REPORT
of DataMaster cdm breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N __130129__

(CONTINUED FROM FRONT PAGE)

C	TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

```
ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130129

FEBRUARY 28, 2009

OPERATOR'S NAME:
 SWARTZ/J
OPERATOR'S NUMBER: 4314
SUBJECT'S LAST NAME:
 VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
 L
O.L. #: L
DEPT/AGENCY: AAA1
CASE/REPORT:
TEST TYPE: V
ALCO TARGET VALUE: .000
ALCO S/N: SCOTT08

      — BREATH ANALYSIS —

.000 ADJUSTED FOR 30.11 in
ALCO TARGET         .000    20:46
BLANK TEST          .000    20:46
INTERNAL STANDARD   VERIFIED 20:46
ALCO TV 30.09 in    .076    20:47
BLANK TEST          .000    20:47
SUBJECT SAMPLE      .000    20:48
BLANK TEST          .000    20:49
ALCO TV 30.11 in    .000    20:49
BLANK TEST          .000    20:50
```

DIAGNOSTIC CHECK

```
ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130129

FEBRUARY 28, 2009
TIME 20:44

      — DIAGNOSTIC CHECK —

COMPUTER:           OKAY

PROGRAM:            OKAY

SOFTWARE DATE:      01/08/09

HEATERS
SAMPLE CHAMBER:     49c
BREATH TUBE:        43c

BAROMETER:          30.11 in

FLOW DETECTOR:      OKAY

PUMP
HIGH SPEED:         OKAY

DETECTOR:           OKAY

FILTERS:            OKAY

QUARTZ STANDARD:    OKAY

CALIBRATION:        OKAY

         PRINTER TEST
 !"#$%&'()*+,-./0123456789:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
 pqrstuvwxyz{|}~
```